

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15028

State File No.

FILED MAY 12 1944

Registration District No. 170

Primary Registration District No. 3033

Registrar's No.

1. PLACE OF DEATH:

(a) County LACLEDE
(b) City or town LEBANON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: WALLACE HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days
(Specify whether years, months or days)
In this community ALWAYS

3. (a) PRINT FULL NAME ROSA M. APPLING

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife CHAS. E. APPLING 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased AUG 12 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 4 20 hr. min.

9. Birthplace LACLEDE CO. MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business

12. Name JESSE L. LIVELY
13. Birthplace ILL.
(City, town, or county) (State or foreign country)
14. Maiden name EMILY J. BUYATT
15. Birthplace ILL.
(City, town, or county) (State or foreign country)

16. (a) Informant CHAS E APPLING
(b) Address LEBANON MO

17. (a) BURIAL (b) Date thereof 1-4-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HOLMAN CEM.

18. (a) Signature of funeral director PALMER'S

(b) Address LEBANON MO

19. (a) MAY 4-44 (b) Grace Roper
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LACLEDE
(c) City or town LEBANON
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. D. 3
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 2
year 1944 hour 4 minute P.M.

21. I hereby certify that I attended the deceased from JAN 29, 1944 to FEB. 2, 1944.
that I last saw her alive on FEB. 2, 1944.
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma
Due to diabetes Mellitus
Duration 5 days
unk.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 61
Of autopsy 61
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) _____
(e) Means of injury _____
23. Signature JAMES L. HOPE (M. D. or other) 2/4/44
Address LEBANON MO Date signed 2/4/44

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Received

Laclede County Health Unit

File No. 4-44-44

Date Filed 5/11/44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

....., Registered Apprentice No.

working under my personal supervision.

Signed

Allyn Duerksen

Licensed Embalmer No. 4333

P. O. Address

Lebanon Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.